TRANSMITTA FORM (to be used for all correspondence aft	U.S. Pass are required to respond to a colled Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number	atent and Traction of infection	istopher Bottorff		
Total Number of Pages in This Submis	sion 5	3 Attorney Docket Number		IO 3H6CON	
	ENC	LOSURES (Check all t	hat apply	y)	
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Requ Information Disclosure States Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing under 37 CFR 1.52 of	est Rema	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatior Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s)		to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Forietary Information Status Letter Other Enclosure(s) (please Identify below): RECEIVE JUN 1 7,2004 GROUP 36	
S	IGNATURE	OF APPLICANT, ATTO	RNEY, C	OR AGENT	
Firm or Individual name Signature Date June 8, 2004 I hereby certify that this corresponde sufficient postage as first class mail the date shown below.	CERTIF	CATE OF TRANSMISSI simile transmitted to the USPT0 ddressed to: Commissioner for	O or depos		
Typed or printed name Heidi D	utro				
Signature	oint.	Path		Date June 8, 2004	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-03)

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TRADEFE	E TRANSMITTAL	-
	for FY 2004	

Effective 10/01/2003. Patent fees are subject to annual revision.

Co	omplete if Known	
Application Number	10/037,522	
Filing Date	January 4, 2002	
First Named Inventor	Charles Mehrmann et al.	D _n
Examiner Name	Christopher Bottorff	ンドつ
Art Unit	3618	
Attorney Docket No.	WMO 3H6CON	7//

Applicant claims small entity status. See 37 CFR 1.27	Examiner Name Christopher Bottom				
	Art Unit 3618	ナノレム			
TOTAL AMOUNT OF PAYMENT (\$) 475.00	Attorney Docket No. WMO 3H6CON	<i>J</i> . ' \			
METHOD OF PAYMENT (check all that apply)	Art Unit 3618 Attorney Docket No. WMO 3H6CON FEE CALCULATION (continued) 3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Fee Code (\$) Fee Description Fee Paid				
Check Credit card Money Other None	3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity	40m			
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Account 11-1540	1051 130 2051 65 Surcharge - late filing fee or oath	7			
Number Deposit Account Kolisch Hartwell, P.C.	1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet] 			
Name The Director is authorized to: (check all that apply)	1053 130 1053 130 Non-English specification	41			
Charge fee(s) indicated below Credit any overpayments	1812 2,520 1812 2,520 For filing a request for ex parte reexamination	41			
Charge any additional fee(s) or any underpayment of fee(s)	1804 920* 1804 920* Requesting publication of SIR prior to Examiner action	<u> </u>			
Charge fee(s) indicated below, except for the filling fee	1805 1,840* 1805 1,840* Requesting publication of SIR after	71			
to the above-identified deposit account.	Examiner action ————	41			
FEE CALCULATION	1251 110 2251 55 Extension for reply within first month	-11			
I. BASIC FILING FEE	1252 420 2252 210 Extension for reply within second month 475.00	┧ ┃			
arge Entity Small Entity	1253 950 2253 475 Extension for reply within third month	-11			
Fee Fee Fee Fee Fee Fee Paid Fee Paid Fee Paid Fee Paid Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	1254 1,480 2254 740 Extension for reply within fourth month	- 			
1001 770 2001 385 Utility filing fee	1255 2,010 2255 1,005 Extension for reply within fifth month	- ∤┃			
1002 340 2002 170 Design filing fee	1401 330 2401 165 Notice of Appeal	41			
1003 530 2003 265 Plant filing fee	1402 330 2402 165 Filing a brief in support of an appeal	-			
1004 770 2004 385 Reissue filing fee	1403 290 2403 145 Request for oral hearing	- 			
1005 160 2005 80 Provisional filing fee	1451 1,510 1451 1,510 Petition to institute a public use proceeding	- 			
SUBTOTAL (1) (\$)	1452 110 2452 55 Petition to revive - unavoidable	 ∤∥			
	1453 1,330 2453 665 Petition to revive - unintentional	41			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE	1501 1,330 2501 665 Utility issue fee (or reissue)	41			
Extra Claims below Fee Paid		41			
Total Claims20** = X =	1503 640 2503 320 Plant issue fee	41			
Claims Multiple Dependent	1460 130 1460 130 Petitions to the Commissioner	↓			
	1807 50 1807 50 Processing fee under 37 CFR 1.17(q)	- 			
Large Entity Small Entity Fee Fee Fee Fee Fee Description	1806 180 1806 180 Submission of Information Disclosure Stmt	-∤1			
Code (\$) Code (\$)	8021 40 8021 40 Recording each patent assignment per property (times number of properties)	∐			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3	1809 770 2809 385 Filing a submission after final rejection (37 CFR 1.129(a))	_			
1203 290 2203 145 Multiple dependent claim, if not paid	1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))	_ 			
1204 86 2204 43 ** Reissue independent claims over original patent	1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent	1802 900 1802 900 Request for expedited examination of a design application][
<u> </u>	Other fee (specify)	₫			
SUBTOTAL (2) (\$) **or number previously paid, if greater; For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 475.00				

SUBMITTED BY			(Complete (if applicable))		if applicable))		
Name (Print/Type)	John M. N	McOpymagk /)		Registration No. (Attorney/Agent)	26,948	Telephone	(503) 224-6655
Signature	MYN	11700	不			Date	June 8, 2004

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